

Application for NELAP Recognition as an Accrediting Authority

National Environmental Laboratory Accreditation Program

United States Environmental Protection Agency
3210 Highway 54
Research Triangle Park, NC 27711



Instructions for Completing Application Form and Checklist (Addendum I):

1. The NELAP accrediting authority must supply 4 copies of this Application and any supporting documents submitted with this Application for continued NELAP recognition.
2. When supporting documentation is submitted, such as copies of the applicable statutes, rules, regulations, policy statements, standard operating procedures, guidance documents, etc., a clear cite of where specific required information is found in the documents must be provided on the checklist. This citation must include a reference to the document title or identification, page number and/or section/chapter/line reference, as applicable.
3. Addendum I is a checklist of all information that must be submitted for NELAP recognition for the application to be considered complete. Incomplete applications will not be reviewed by a NELAP assessment team until all required information is submitted.
4. The applicant accrediting authority may electronically submit supporting documents required in this Application for NELAP recognition; however, at least one hard copy of the application form with the original signature must be sent to the NELAP.

1. Purpose of the Application:

- Initial Application for NELAP Recognition
- Expansion of NELAP Recognition

For NELAP Use Only

Date Application Received by NELAP:
_____ / _____ / 20_____

2. Accrediting Authority Name: _____

3. Accrediting Authority Address:

Street _____

City _____ State _____ Zip Code _____

P. O. Box _____ Zip Code _____

4. Accrediting Authority Telephone, Fax Number and E-mail Address:

Telephone _____ - _____ - _____ Fax _____ - _____ - _____

E-Mail Address _____

5. Manager of the Environmental Laboratory Accreditation Program:

Name _____

Title _____

Telephone _____ - _____ - _____ Ext. _____

6. Quality Systems Officer:

Name _____

Telephone _____ - _____ - _____ Ext. _____

7. Environmental Laboratory Accreditation Program Management and Technical Staff: If more space is required, attach additional pages.

Name/Title _____

Areas of Responsibility _____

Education _____

Experience Level _____ Date of Most Recent NELAP Training _____

Name/Title _____

Areas of Responsibility _____

Education _____

Experience Level _____ Date of Most Recent NELAP Training _____

Name/Title _____

Areas of Responsibility _____

Education _____

Experience Level _____ Date of Most Recent NELAP Training _____

Name/Title _____

Areas of Responsibility _____

Education _____

Experience Level _____ Date of Most Recent NELAP Training _____

8. **Contractors Used by the Accrediting Authority:** List the contractors used by the accrediting authority. If more space is required, attach additional pages.

(A) Contractor Name _____

Contact Person _____

Street _____

City _____ State _____ Zip Code _____

P. O. Box _____ Zip Code _____

Telephone _____ - _____ - _____ Fax _____ - _____ - _____

E-Mail Address _____

(B) Contractor Name _____

Contact Person _____

Street _____

City _____ State _____ Zip Code _____

P. O. Box _____ Zip Code _____

Telephone _____ - _____ - _____ Fax _____ - _____ - _____

E-Mail Address _____

10. **Individuals authorized to sign laboratory accreditation certificates:**

Name/Title _____

Name/Title _____

Name/Title _____

Name/Title _____

Name/Title _____

11. **Hours of Operation:** Enter the hours in which the environmental laboratory accreditation program operates.

Regular Office Hours: _____ Time Zone: _____

12. **Areas of NELAP Recognition:** Please check the applicable areas for which NELAP recognition is sought or maintained

<input type="checkbox"/> Chemistry	<input type="checkbox"/> W.E.T	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Radiochemistry
CAA <input type="checkbox"/>	<input type="checkbox"/> CERCLA	<input type="checkbox"/> CAA	<input type="checkbox"/> CAA
<input type="checkbox"/> Organic	<input type="checkbox"/> CWA	<input type="checkbox"/> CERCLA	<input type="checkbox"/> CERCLA
<input type="checkbox"/> Inorganic	<input type="checkbox"/> RCRA	<input type="checkbox"/> CWA	<input type="checkbox"/> CWA
CERCLA <input type="checkbox"/>	<input type="checkbox"/> SDWA	<input type="checkbox"/> RCRA	<input type="checkbox"/> RCRA
<input type="checkbox"/> Organic		<input type="checkbox"/> SDWA	<input type="checkbox"/> SDWA
<input type="checkbox"/> Inorganic			
CWA <input type="checkbox"/>			
<input type="checkbox"/> Organic			
<input type="checkbox"/> Inorganic			
RCRA <input type="checkbox"/>			
<input type="checkbox"/> Organic			
<input type="checkbox"/> Inorganic			
SDWA <input type="checkbox"/>			
<input type="checkbox"/> Organic			
<input type="checkbox"/> Inorganic			

13. **Certification Statement:** This Application must be signed and dated by the individual within the department or agency responsible for laboratory accreditation activities for which National Environmental Laboratory Accreditation Program (NELAP) recognition is being sought. By signature on this application, this individual attests to the validity of the information contained within this application and its supporting documents.

In accordance with the National Environmental Laboratory Accreditation Conference (NELAC) standards, Chapter 6, I submit this completed application to the NELAP. I attest that all the information is true, accurate and complies with all applicable NELAC standards.

Name (Print or Type)

Signature

Date

**Send by certified mail or overnight delivery to:
Ms. Jeanne Hankins, Director
National Environmental Laboratory Accreditation Program
United States Environmental Protection Agency
3210 Hwy. 54; MD-75A
Research Triangle Park, NC 27709**

Telephone: 919/541-1120; Fax: 919/541-4261; E-mail: hankins.jeanne@epa.gov

